



LIBRARY SERVICE AND TECHNOLOGY ACT (LSTA) GRANT APPLICATION - SCHOOLS

State Form 53457 (11-07)

INDIANA STATE LIBRARY

- INSTRUCTIONS:**
1. As an attachment on separate sheets of paper please answer Part 1 through 7.
 2. Do not use binders, folders, notebooks or staples.
 3. FAXED APPLICATIONS WILL NOT BE ACCEPTED.
 4. Submit one original and one copy to: LSTA Consultant, Indiana State Library, 140 N. Senate Avenue, Indianapolis, IN 46204-2296.

| | | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|---|--|---|
| Project title | | | | | | | | | | | | | | |
| Name of applicant (name of organization or agency) | | Web address | | | | | | | | | | | | |
| Address (number and street, city, state and ZIP code) | | | | | | | | | | | | | | |
| Name of organization director | | | | | | | | | | | | | | |
| Telephone number () | Fax number () | E-mail address | | | | | | | | | | | | |
| Name of project director (contact person for grant purposes) | | | | | | | | | | | | | | |
| Telephone number () | Fax number () | E-mail address | | | | | | | | | | | | |
| Name of fiscal agency (responsible for financial reports) | | | | | | | | | | | | | | |
| Telephone number () | Fax number () | E-mail address | | | | | | | | | | | | |
| Federal congressional district(s) | | County | | | | | | | | | | | | |
| Estimated number of people to be served by project | | Source of this number (U.S. Census, library circulation record, etc.) | | | | | | | | | | | | |
| Federal funds requested | | Total cost of project | | | | | | | | | | | | |
| Federal Library Services & Technology Act (indicate the <u>primary</u> purpose that best describes your project – check only one) <input type="checkbox"/> Expand services for learning and access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages; <input type="checkbox"/> Develop library services that provide all users access to information through local, state, regional, national, and international electronic networks; <input type="checkbox"/> Provide electronic and other linkages between and among all types of libraries; <input type="checkbox"/> Develop public and private partnerships with other agencies and community-based organizations; <input type="checkbox"/> Target library services to individuals of diverse geographic, cultural, and socioeconomic backgrounds, to individuals with disabilities, and to individuals with limited functional literacy or information skills; and <input type="checkbox"/> Target library and information services to persons having difficulty using a library and to underserved urban and rural communities, including children from families with incomes below the poverty line. | | | | | | | | | | | | | | |
| Indiana's LSTA Goals (indicate the <u>primary</u> purpose that best describes your project – check only one) <input type="checkbox"/> Indiana libraries will provide up-to-date, reliable access to information by utilizing effective telecommunications, technology and resources. <input type="checkbox"/> Libraries will deliver new and improved programs that anticipate and meet Indiana's needs for library services. <input type="checkbox"/> Indiana State Library will provide leadership and infrastructure for digital library initiatives. <input type="checkbox"/> Libraries will strengthen public policy support for upgrading library services through improved communication, collaboration, and partnership efforts. <input type="checkbox"/> Indiana State Library will provide resources and support to libraries which seek to serve special populations in the state. <input type="checkbox"/> Indiana State Library will provide resources and support to libraries which seek to serve the un-served or underserved populations. | | | | | | | | | | | | | | |
| Primary audience for the project (mark at least one, maximum of three) <table border="0"><tr><td><input type="checkbox"/> Pre-schoolers (0-5)</td><td><input type="checkbox"/> Seniors (65+)</td><td><input type="checkbox"/> Urban populations</td></tr><tr><td><input type="checkbox"/> Children (6-12)</td><td><input type="checkbox"/> People with special needs</td><td><input type="checkbox"/> Institutionalized persons</td></tr><tr><td><input type="checkbox"/> Youth (13-17)</td><td><input type="checkbox"/> Library staff</td><td><input type="checkbox"/> Non or limited English speakers</td></tr><tr><td><input type="checkbox"/> Adults (18-64)</td><td><input type="checkbox"/> Rural populations</td><td><input type="checkbox"/> Statewide public</td></tr></table> | | | <input type="checkbox"/> Pre-schoolers (0-5) | <input type="checkbox"/> Seniors (65+) | <input type="checkbox"/> Urban populations | <input type="checkbox"/> Children (6-12) | <input type="checkbox"/> People with special needs | <input type="checkbox"/> Institutionalized persons | <input type="checkbox"/> Youth (13-17) | <input type="checkbox"/> Library staff | <input type="checkbox"/> Non or limited English speakers | <input type="checkbox"/> Adults (18-64) | <input type="checkbox"/> Rural populations | <input type="checkbox"/> Statewide public |
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| <input type="checkbox"/> Adults (18-64) | <input type="checkbox"/> Rural populations | <input type="checkbox"/> Statewide public | | | | | | | | | | | | |

PART 1. PROJECT SUMMARY (150 words or less)

This is an abstract of your entire project and should be written after you've completed the rest of the application. It should be clear and persuasive for all who will evaluate your application. Include answers to these questions: Who do you propose to serve? What needs have you identified? What are your project goals and objectives? What new services will the library provide?

PART 2. NEEDS STATEMENT

Describe the need or problem that generated this project and how you determined this need. Identify the goal from the State Plan that this project will address and how this project will address this goal. (See the State Plan on the Indiana State Library website.)

PART 3. GOALS, ACTIVITIES, AND EVALUATION

Describe the objectives of the project and how the results of the project will be measured to determine if this need of the targeted audience has been met. The results should reflect the impact of the project on the target audience, as well as on the library(ies) involved. Project staff and their individual roles should be identified.

Outcome based evaluation (OBE) is the preferred evaluation method for your grant project. Complete the LSTA Outcomes Plan Chart (see page 6) and include it with the application.

(For a tutorial, go to <http://www.shapingoutcomes.org/course/index.htm>)

Include a list of activities (what will be done, how, by whom) within a monthly timetable. Describe as specifically as possible the steps that will be taken to ensure that the project will flow smoothly, what will need to be done, when, and by whom to ensure that the project objectives are accomplished by the end of the project.

Sample timeline:

| Activities | July | August | September | October | November | December | January | February | March | April | May | June |
|------------------|------|--------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|
| 1. Planning | | | | | | | | | | | | |
| 2. Communication | | | | | | | | | | | | |
| 3. Research | | | | | | | | | | | | |
| 4. Reports | | | | | | | | | | | | |

Instructions: Integrate all activities listed into one timeline. This is a sample - you may use it or design your own.

PART 4. COMMUNICATION PLAN

How do you intend to promote the program? How will you reach the target audience? Grantees are expected and encouraged to publicize the project in available and appropriate media outlets. How and when are you planning to share the results of this project beyond your local jurisdiction? Is the project a model for replications?

All grant projects are required to acknowledge IMLS on all products. For more information, go to <http://www.imls.gov/recipients/communication.shtm>.

PART 5. CONTINUATION OF PROJECT

Explain how activities or benefits from the project will continue after the LSTA funding period ends. If the program will not be continued, explain why not.

PART 6**PROJECT BUDGET AND BUDGET NARRATIVE**

The Budget should provide an overview of all anticipated project costs from federal and local sources. Round all amounts to the nearest whole dollar. LSTA funds cannot be used to supplant local or system funds. LSTA funds may not be used for administrative overhead.

Detailed budget: Complete the detailed budget form (see page 5) before the Budget Summary or Budget Narrative.

Budget Summary: Complete the following chart. Include amounts for LSTA and local funds allocated in support of the project. There is no requirement that LSTA funds be matched with local funds for some grant programs. However, both local funds and LSTA funds for the project will be taken into consideration when evaluating the budget. Local funds may include both existing and new budget items for direct expenditure on the project.

| BUDGET ITEM | LSTA FUNDS (round to nearest dollar) | LOCAL FUNDS (round to nearest dollar) | TOTAL COSTS |
|--|---|--|-------------|
| Personal services / Employees Benefits | | | |
| Services | | | |
| Supplies and Materials | | | |
| Technology | | | |
| Total | \$ | \$ | \$ |

Budget Narrative: Outline the project budget in narrative form under the following categories. If both local and LSTA funds will be used, please specify by source within the categories. Explain how the various budget items are applicable to the proposed project. Guidelines on acceptable use of grant funds, see the Library Services and Technology page on the ISL website.

1. **Personal Services:** Indicate salaries, amount of time to be spent on the project for each employee, and the role of each employee in relation to the proposed project. LSTA funds may be used only for full- or part-time employees hired on a temporary basis to work on the grant project.
2. **Supplies and Materials:** Include any office supplies.
3. **Other Services & Charges:** Costs for specific services to be performed by an outside vendor, organization or individual under contract. This could include outsourcing contracts or consultant fees. Indicate purpose.
4. **Capital Outlays:** Indicate the type of equipment or other materials to be purchased, its cost and how it will be used.

PART 7.**GRANT HISTORY**

List previous LSTA grants your institution received (*indicate grant program and year*).

PART 8.**ASSURANCES**

The Institute of Museum & Library Services (IMLS) requires the Indiana State Library to obtain certification from its sub-grant applicants regarding federal debt status, debarment and suspension, non-discrimination, a drug-free workplace, and other applicable assurances. These requirements are incorporated in the Assurances Statement below. Review the Statement and sign the certification form. If you receive a grant, you must comply with these requirements.

By signing the application form, the authorizing official, on behalf of the applicant, assures and certifies that, should a sub-grant be awarded, it will comply with the statutes outlined and all related IMLS and ISL regulations. These assurances are given in connection with any and all financial assistance from IMLS / ISL after the date this form is signed. These assurances shall obligate the applicant for the period during which Federal financial assistance is extended. The applicant recognizes and agrees that any such assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States government has the right to seek judicial enforcement of these assurances, which are binding on the applicant, its successors, transferees, and assignees, and on the authorized official whose signature appears on the application form.

Certifications Required of all Applicants

1. Financial, Administrative, and Legal Accountability;
2. Debarment and Suspension;
3. Non-Discrimination;
4. Drug-Free Workplace Act of 1988; and
5. Lobbying

Certification of Authorizing Officials

I have examined this application, and I hereby certify on behalf of the applicant organization that:

1. The information provided is true and correct
2. All requirements for a complete LSTA Grant application have been fulfilled
3. The applicant will comply with all applicable payment, accounting, and reporting requirements, and
4. The applicant will comply with applicable certifications regarding Items 1-5 listed above under **Certifications Required of All Applicants**.

We, the undersigned, hereby certify that should this organization receive a sub-grant, the organization and its leaders will comply with all LSTA regulations, all statutes outlined, requirements as defined in the Indiana State Library *Library Services and Technology Act Handbook for Subgrant Applicants*, and all applicable Federal statutes and regulations.

| | | |
|---|----------------------------|---------------------------------------|
| Name of applicant (organization or agency) | Project title | Date of submission (month, day, year) |
| Signature of Principal Officer of applicant | Title of Principal Officer | Date of signature (month, day, year) |

STATE LIBRARY USE ONLY

| | | |
|---|---|----------------|
| Project number | <input type="checkbox"/> Approved <input type="checkbox"/> Not approved | Amount awarded |
| Type of library <input type="checkbox"/> Public <input type="checkbox"/> School <input type="checkbox"/> Academic <input type="checkbox"/> Special <input type="checkbox"/> Multi-type <input type="checkbox"/> SLAA | | |



These grants are made available through funds from the library Services and Technology Act appropriated by Congress and administered by the Institute of Museum and Library Services and the Indiana State Library.

LSTA GRANT APPLICATION - DETAILED BUDGET

Part of State Form 53457 (11-07)

| | | | | |
|---|------------------------------|-------------------------|---------------------|----------------------|
| Name of school corporation | | Project title | | |
| PUBLIC SCHOOL LIBRARIES | METHOD OF COMPUTATION | LSTA GRANT FUNDS | COST SHARING | PROJECT TOTAL |
| 100. Personal Services 110. Certified salaries 120. Noncertified salaries 200. Employee Benefits 211. Social Security for noncertified salaries 212. Social Security for certified salaries | | | | |
| Total for Personal Services / Employee Benefits | | | | |
| 300. Purchased Services 310. Professional and technical services 316. Data processing services 320. Property Services 323. Repairs and maintenance services 325. Rentals | | | | |
| Total for Services | | | | |
| 400. Supplies and Materials 410. Supplies 411. Operational supplies 415. Other supplies 450. All other supplies and materials | | | | |
| Total for Supplies and Materials | | | | |
| 690. Technology 691. Computer hardware 692. Distance learning equipment 693. Wireless equipment 694. Connectivity 695. Telecommunication equipment 696. Other technology hardware 697. Content 698. Professional development | | | | |
| Total for Technology | | | | |
| BUDGET TOTAL | | | | |

| | |
|--|-----------------|
| Project title | Name of library |
| PROJECT SUMMARY / PROGRAM PURPOSE | |
| | |
| INPUTS | |
| | |
| ACTIVITIES | |
| | |
| OUTPUTS | |
| | |
| OUTCOMES | |
| | |
| EVALUATION INDICATORS | |
| | |
| EVALUATION SOURCES / METHODS | |
| | |